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# **TxEVER Death Registration**

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# Introduction

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# VIP STATUTES & RULES



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## 10 days to register w/ State

A Certificate of Death (VS-112) must be filed within 10 days of death in Texas for every death in Texas. Must be filed w/ the local registrar in the district where death occurred/body was found. **(HSC 193.003a)**

## 5 days to medically certify

Certifier must complete medical certification no later than 5 days after receiving death certificate or provide notification to funeral director, or person acting as such. **(HSC 193.005b)**





## Who can medically certify?

A registered nurse or PA may pronounce death, but may not certify to the cause and manner of death on the DC. Only a licensed physician, medical examiner, or justice of the peace may certify. The person who pronounces death may not necessarily be the same person who certifies the death. **(HSC 193.005)**

## Natural v. Unnatural Death

Unnatural death - Body found and cause of death unknown, death occurred in prison or jail, death occurred within 24 hours of hospital admission (CCP Art. 49.25 Sec. 6(1) ), death occurred without medical assistance, physician unable/unwilling to certify COD, deceased under 6 years of age. Disease/condition that initiated events leading to death should be indicated on medical certification. If death from external causes, state the means of death (accident, suicide, or homicide). **(HSC 193.005e)**



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## BTPs (Burial Transit Permit)

Required to ship or transport body out of state or transport body by common carrier within the state (not needed if within state and not by common carrier). BTP is required for cremation (**HSC 193.008, 25 TAC 181.2, 181.3**). The local registrar, deputy registrar, or authorized officer of district death occurred, or district body was found in issues BTP. The local registrar shall not issue BTP until Certificate of Death is presented as complete as possible.

BURIAL-TRANSIT PERMIT			
Name of Deceased - First		Middle	Last
[REDACTED]		[REDACTED]	[REDACTED]
Age	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death	Method of Disposal
[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Burial
Place of Death		City - County	State
[REDACTED]		Baytown-Harris	Texas
Name of Cemetery or Crematorium		City	State
American Family Cremations		[REDACTED]	Mississippi
Print - Name of Funeral Director or Person Acting as Such		Address	City State Zip Code



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## Pending COD/Investigation

- If lengthy investigation performed (i.e. autopsy/toxicology analysis), death certificate should be filed "Pending Investigation/Cause of Death".
- Appropriate certifier should immediately amend death certificate when autopsy/inquest results are received. **(HSC 191.028)**
- This rule applies to medical examiners and justices of the peace.



	CAUSE OF DEATH
<input type="checkbox"/>	Lethal injection
<input type="checkbox"/>	Cause Of Death Is Pending
Enter the chain of events - diseases, injuries, or complications that directly	



## **Letter of Non-Communicable Disease**

Contact local health authority of the county to assist if letter of non-communicable/infectious disease is needed.

- If there is no health department, medical certifier of record can compose the letter.

**Source: Texas DSHS VSS Local Registrar Handbook**



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# F-Emailed-Qs

# The Unknowns(some)



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## Fields that can be UNKNOWN/N/A for Record Type IDENTIFIED

Prefix/First Name/Middle Name/Suffix (Decedent)	TAB(keyboard button) through each field
For ANY Time of Death Type, Time of death can be...	?
Decedent's Birthplace: State/Country	Click checkbox> Select UNKNOWN
SSN	Select unknown when starting record/can change in Demo tab 1
Marital Status	Select UNKNOWN
Street Address	Type, NOT AVAILABLE
State/Country	Click checkbox, select UNKNOWN
City	Type, UNKNOWN
Inside City Limits	Select, UNKNOWN
Mother and Father fields (all except last name)	TAB(keyboard button) through each field
Mother/Father Last Name	Type, NOT AVAILABLE

# Hot Potato, Hot DC!



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Who needs to certify a natural death, and if they don't want to...?

- If the attending physician can't/won't certify the death record, the next option is the medical chief officer of the facility. If no one at the facility is willing/can't certify, the family can contact the primary care physician.
- Ultimately, the funeral home and family can speak to either the JP/ME of the county of death to have the record certified. (Handbook of Death Registration)

Attending  
Physician

Medical  
Chief Officer  
at Facility

Primary  
Care  
Physician

JP/ME

# SSN Failed



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## Types of SSN system fails

- GENDERFAIL: Please confirm the gender on the birth certificate and with SSA
- MAXATTEMPT: An incorrect SSN was entered 5 times; confirm the SSN card and with SSA
- NAMEFAIL: Please confirm the legal name that was inputted on the record and that it matches what is on the birth certificate; If needed check with SSA
- If you do get these SSN fails, you will need to abandon the record and start a new one.
- Tip: Please make sure there are no variations of names. A single letter can make the SSN fail.

# Changing FHs?



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If ABC Funeral Home relinquished a record because the family decided they wanted to work with XYZ Funeral Home, then the new funeral home can use the existing record.

Start a new record> use the same info inputted by ABC FH> TxEVER will notify XYZ FH that a match was found and can continue the record.

Another option, ABC FH can abandon the record and XYZ can start a new record from scratch.

A screenshot of a web-based record entry interface. The main form is titled "DECEDENT" and contains fields for "First Name:", "Middle Name:", "Last Name:", "Suffix:", "Date Of Birth:", and "Gender: \*". The "Last Name" field contains the text "FAKE" and the "Gender" field contains "MALE". A "New Record" dialog box is overlaid on the form, displaying the message "One exact match found owned by same location." and three buttons: "Continue with the existing record", "Create a new record", and "Cancel". The "Continue with the existing record" button is highlighted with a blue border. The background of the interface is light gray with blue and yellow accents.



# Death/Fetal Death Work Copy



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Before releasing a death or fetal death record, in order to get a copy/work copy/abstract for your reference/to request a BTP/other, you need to preview the record via verification.

**Tip:** Always preview and save PDF!

A screenshot of a web-based form for death or fetal death records. The form includes fields for personal information and death details. A red callout box points to the 'Preview' button, instructing the user to click it to verify the record.

Last Name:	PERCIVAL
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901
<b>DEATH INFORMATION</b>	
Date of Death:	04/27/2018
Funeral Director:	ALICIA WESTWORLD
Place of Death:	SETON NORTHWEST HOSPITAL

Click "Preview" to verify the death record looks completed and there were no mistakes.

Preview Cancel Verification



# Request/Print BTP

- Path to request BTP for natural death: death tab> locate record in-progress> record tab> print> BTP> Print/Save PDF
- Path to request BTP for un-natural death: death tab> locate record in-progress> record tab> print> BTP> notification that it needs to be requested from the LR> click, OK
  - ❖ LR accepts request> Death tab> Function tab> Permit Print Queue> Search for permit> Print/Save PDF

# Yellow Fields



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If there is a field that is not required and it is yellow, the system will think you are not done/it is unresolved.

Please acknowledge the field using the TAB button on your keyboard. After doing so, the field will turn white.

phic 2	<b>DECEDENT'S LEGAL NAME</b>	
phic 3	Prefix:	First Name:
phic 4	--Select a value--	
phic 5	Middle Name:	Last Name:*
		FAKE
	Suffix:	
	--Select a value--	
	<b>DATE OF DEATH</b>	
	Date of Death Type:*	Date of Death:*

# Change Password



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Path: Sign-in with temporary password > Global tab > Tools > Utilities > Change Password (If you are not given the option to change passwords when you sign-in.)

The screenshot shows the web application interface. At the top, there is a navigation bar with tabs: GLOBAL, BIRTH, DEATH, FETAL DEATH, MARRIAGE, DIVORCE, and FEE. Below this, the Texas Department of State Health Services logo is visible on the left. On the right, there are dropdown menus for FUNCTION, TOOLS, and HELP. The TOOLS dropdown is open, showing options: Security, Library Maintenance, Utilities, Change Password, Broadcast Message, and User Parameters. The Change Password option is highlighted. A blue banner at the bottom reads "OS , welcome to the Texas Department of State Health Services".

# That Yellow Box!



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The yellow box indicates in which field your cursor is in, NOT if the field has not been resolved. As you move through fields you will see the name of the field at the top of the page. This does not prevent you from moving forward.

A screenshot of a web form interface. At the top, there is a yellow horizontal bar with a blue information icon (a lowercase 'i' in a circle) on the left and the text "Last Name" on the right. Below this bar, there is a blue button with the text "Unresolved / StakeHolders". To the right of the button, there is a label "Record Type:" followed by a red asterisk, indicating a required field.



# Stakeholder List



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To access before and releasing record:  
search for record> open record> click  
On UNRESOLVED LIST/STAKEHOLDERS  
above the demographic tab 1. Click on  
The record stakeholders bubble.

Shows the timeline of the record: who  
Created, edited, certified, released the  
Record, etc.

Unresolved List / StakeHolders			
8/17/2020 8:17:07 AM [REDACTED]			
<input type="radio"/> Unresolved List <input checked="" type="radio"/> Record S			
User ID	Action	Date	Locat
[REDACTED]	Medical designation accepted.	8/18/2020 3:02:18 PM	[REDACTED]
[REDACTED]	Record certified.	8/18/2020 3:39:09 PM	[REDACTED]
[REDACTED]	Record de-certified.	8/19/2020 2:45:06 PM	[REDACTED]
[REDACTED]	Record updated.	8/19/2020 2:47:15 PM	[REDACTED]
[REDACTED]	Record certified.	8/19/2020 2:47:41 PM	[REDACTED]
[REDACTED]	Record verified.	8/20/2020 11:51:30 AM	[REDACTED]
[REDACTED]	Record released from demograph	8/20/2020 11:51:41 AM	[REDACTED]
[REDACTED]	Record accepted from local accep	8/20/2020 1:34:16 PM	[REDACTED]
[REDACTED]	Local Batch Printed.	8/20/2020 4:23:42 PM	REGI
[REDACTED]	State batch print completed.	8/26/2020 11:39:09 AM	TEXA

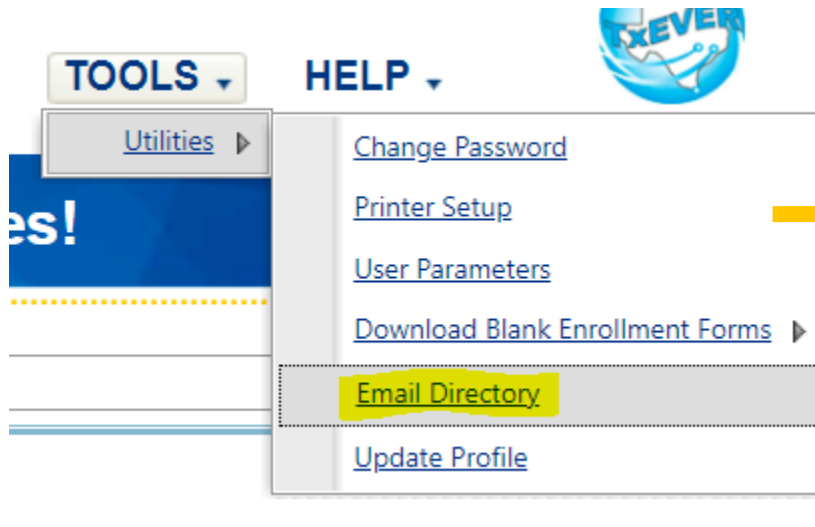
# Who do I call/email?!



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Search for the medical  
certifiers/other funeral  
homes/other users if  
you need to contact them.



### EMAIL DIRECTORY SEARCH

**Recipient Details**

First Name:  Middle Name:  Last Name:

Email Address:

**Location Details**

Location Type:  Location Name:  Subsc

☐ **Select all**

Select	Location Name	User ID	User Type	Email Address
<input type="checkbox"/>	[REDACTED]	[REDACTED]	Local Admin	[REDACTED]
<input type="checkbox"/>	[REDACTED]	[REDACTED]	User	[REDACTED]
<input type="checkbox"/>	1960 FAMILY PRACTICE PA	[REDACTED]	User	[REDACTED]
<input type="checkbox"/>	1960 FAMILY PRACTICE PA	[REDACTED]	User	[REDACTED]



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# Extraordinary Death Scenarios

# Death Abroad & Funeral in Texas

Please have the family consult with the US Embassy in the country of death for the proper documents needed for transportation and burial/cremation.



Visit:  
<https://travel.state.gov/content/travel/en/international-travel/while-abroad/death-abroad1.html>



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## Burial/Cremation Abroad

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- To ship a body from Texas to Mexico, a BTP, a certified copy of the Texas Certificate of Death and an Apostille from the Texas Secretary of State's Office is generally required. The funeral director/person acting as such may need to have death certificate and Apostille translated to Spanish.
- To ship the body from Texas to a country other than Mexico, check with consulate of country for specific requirements. If body removed from Texas, BTP must be obtained.
- The Report of Death does not take the place of the BTP for cremation. Body may not be cremated until 48 hours after death as indicated on Certification of Death (unless death due to Asiatic cholera, bubonic plague, typhus fever, or small pox). The time requirement must be waived in writing by the medical examiner or justice of peace. The Body may not be cremated until medical examiner or justice of peace has signed stating autopsy was performed or autopsy isn't necessary. (Handbook of Death Registration)



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## Delayed Death Registration

Texas HSC 193.007:

- (a) To file record of death that occurred in this state but was not registered within 1 year of the date of death, a person shall submit record of death to **county probate court** in county where death occurred.



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- (d) Certificate must be supported by affidavit of:
- (1) physician last in attendance of decedent or funeral director who buried body; or
  - (2) if affidavit of physician or funeral director cannot be obtained
    - (A) any person who was acquainted w/ facts surrounding death when death occurred; and
    - (B) another person acquainted w/ facts surrounding death but who is not related to decedent by consanguinity or affinity



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(e) For each application under this section, the court shall collect \$1 fee. The court retains 50 cents of fee & remaining 50 cents is allocated to clerk of court for recording certificate.

(f) Not later than 7<sup>th</sup> day after date on which certificate is accepted & ordered filed by court under this section, the clerk of the court shall forward to vital statistics unit:

- (1) the certificate; and
- (2) an order from the court that the state registrar accept certificate.



# Delayed Death in-a-nutshell...

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- Any death not filed within one year of the date of death must be manually filed delayed.
- The VS-128 Court-Ordered Delay of Death form must be used. The VS-128 must be filed through the probate court of the county where the death occurred. The VS-128 requires an affidavit from the physician or funeral director. The VS-128 must be duplicated by the county probate court. Should the County Probate Court not have the VS-128 in stock, they or the local registrar can order the VS-128 form from the state via the VS-100 form.
- The VS-128 cannot be handed to the family. The family has to get the VS-128 through the probate court. Once the family/attorney get the VS-128, complete it and add supporting documents and the judge signs, both copies of the VS-128 should be given to the county clerk/local registrar to file the death. The Local registrar will file one and forward the other to VSS.



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# Forms of Amendments



# Medical Amendments



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- Please check the record if it has already been filed
- If already filed with the state, proceed with a medical amendment on TxEVER; only doable for records done using TxEVER (exceptions may apply)
- Quick steps: Death tab > functions > process medical amendment > search for record > locate section of record to change > click on the wrench icon > make change > click on save at bottom > click on green checkmark to finalize (guides: <https://dshs.texas.gov/vs/field/TxEVER/guides.aspx> )
- Medical amendments are processed quickly!
- \*\*If a medical amendment is in progress, a demographic amendment can't be done at the same time.\*\*

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The screenshot shows the web application interface for the Texas Department of State Health Services. At the top, there are navigation links: "Skip to main content", "GLOBAL", and "DEATH". Below these is the Texas Health and Human Services logo and the text "Texas Department of State Health Services". A blue banner across the middle contains the text "GAETAN C" and "Texas Department of State Health Services!". To the right of the banner is a "Show Dashboard" button. Above the banner is a "FUNCTION" dropdown menu, which is open, showing a list of options: "Medical Data Entry", "Statistical Import Review", "Medical Amendment", "Switch Location", and "Exit Application". To the right of the dropdown are links for "TOOLS", "REPORTS", and "HELP". In the top right corner, there are icons for location, user, home, and email, along with a "LogOut" link.

Step 1: Select the Death Module Tab to start the Medical part of death registration.

Step 2: Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry.

Step 3: Select "Medical Amendment" to locate a death record or to search, save, or reject a record from the work queue.

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Step 4: Search for a Death Record.

Step 5: Enter searchable data.

Step 6: Click "Search" and select a death record. Click "Select Record(s)" to be taken to the medical data entry for the selected record.

Death Search

Wild-Card ☒ Soundex ☐

DECEDENT'S ACTUAL INFORMATION

EDR Number:

Date Of Death: (ex. 00/00/2012 if month and day are not known, 02/00/2012 if day is not known)

Decedent's First Name:

Decedent's Middle Name:

Decedent's Last Name:

Decedent's SSN:

DECEDENT'S PRESUMED INFORMATION

Medical Record Number:

RECORD INFORMATION

State File Number:

EDR Number	Date Of Death	Decedent's First Name	Decedent's Middle Name	Decedent's Last Name	Decedent's SSN	State File Number	Medical Record Number
000000000000083	01/01/2018	PARIS		CLINTON	502-50-1234	0002282018	
000000000000088	01/02/2018	DENZAL	NO	JORDAN	777-88-8999	0002272018	
000000000000088	01/03/2018	FRED	LEBRON	STARBROUGH	438-15-5555	0002282018	
000000000000090	01/05/2018	AMIEE		YEAST	436-68-2222	0002252018	
000000000000063	01/24/2018	THE WICKED	WITCH	OF THE EAST	867-53-0911	0002062018	
000000000000022	03/05/2018	SISYPHUS	THAT	GUY	554-25-0807	0001992018	

Page 1 of 1

Displaying Records 1 - 25 of 25

Search Select Record(s) Clear Close

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MEDICAL AMENDMENT

Unresolved Work Queues:  
CLINTON, PARIS, 01/01/2018

DECEDENT'S ACTUAL INFORMATION	
Date Of Death:	01/01/2018
Decedent's First Name:	PARIS
Decedent's Middle Name:	
Decedent's Last Name:	
Decedent's Suffix:	
Decedent's Sex:	FEMALE
Decedent's Date Of Birth:	12/01/1975
Decedent's State/Country Of Birth:	TEXAS
Birth State File Number:	

RECORD INFORMATION	
State File Number:	0002282018
State File Date:	03/21/2018

Step 7: After verifying that this is the record that needs to be amended, click "GO."

PARENT'S INFORMATION	
Father/Parent 2 First Name:	FRANCE
Father/Parent 2 Last Name:	CLINTON
Mother/Parent 1 First Name:	NONE
Mother/Parent 1 Last Name:	NONE

DISPOSITION AND FACILITY	
Method Of Disposition:	BURIAL
Facility Name:	GOLDEN GATE FUNERAL HOME-DALLAS
Funeral Service License:	ABERNATHY MILLSTONE

CERTIFIER	
Certifier Name:	SUSANA SANCHEZ

PLACE OF DEATH INFORMATION	
Place Of Death:	PARKLAND MEMORIAL HOSPITAL-POD-DALLAS
Place Of Death County:	DALLAS
Place Of Death Town:	DALLAS

DECEDENT'S PRESUMED INFORMATION	
Time Of Death:	12:00
Time Of Death Indicator:	PM

MANNER OF DEATH	
Manner Of Death:	NATURAL

Go

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CLINTON

**Medical Amendment** x

Are you sure you want to add a medical amendment to this record?

**PERSON INFORMATION**

FRANCE	
CLINTON	
NONE	
NONE	

**PLACE OF DEATH INFORMATION**

Place Of Death:	PARKLAND MEMORIAL HOSPITAL-POB-
	DALLAS
	AS
	AS

**INTERMENT AND FACILITY**

BURIAL	
GOLDEN GATE FUNERAL HOME-DALLAS	

**Time Of Death:** 12:00

**Time Of Death Indicator:** PM

Step 8: Click "Yes" to access the record.



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**Unresolved**

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

**ACTIVITY:**

Field Name:

Field Status:

**CAUSE OF DEATH - PART I**

Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: Approximate Interval: Onset to Death

**IMMEDIATE CAUSE (Final disease or condition resulting in death.)** MONTHS

a. **CONGESTIVE HEART FAILURE**

b. DUE TO (or as a consequence of.)

c. DUE TO (or as a consequence of.)

d. DUE TO (or as a consequence of.)

**CAUSE OF DEATH - PART II**

Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

**RESPIRATORY ARREST**

**AUTOPSY INFORMATION**

Was an Autopsy Performed?

Were Autopsy Findings Available to Complete Cause?

Step 9: Go to the appropriate Medical Tab and click " " to edit or change the medical data.



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Medical 3

Comments

ACTIVITY:

Approximate Interval: Onset To Death A: 5 MONTHS

Field Status: Resolved

Action: Updating Record

CAUSE OF DEATH - PART I

Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:

Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death.)

a. CONGESTIVE HEART FAILURE

5 MONTHS

DUE TO (or as a consequence of.)

b.


Comments

test

Confirm Changes

Step 10: Edit the field, then click "Confirm Changes" to save the amended data.

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Step 11: Click "Submit to State Review" in the Process menu or click ".

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**Medical Certification**

**DECEDENT'S INFORMATION**

First Name: PARIS  
Middle Name:  
Last Name: CLINTON  
Suffix:

**DEATH INFORMATION**

Date of Death: 01/01/2018  
Time of Death: 12:00 PM  
Place of Death: PARKLAND MEMORIAL HOSPITAL-POD-DALLAS

**PLEASE ENTER PIN** Cancel Certification

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin:

Forgot PIN OK Cancel

Step 12: After Previewing the record, Click "Certification" to expand the section.

Step 13: Click the box to verify data review and to agree with the statement. Enter the PIN, then click "OK."

**Medical Certification**

**DECEDENT'S INFORMATION**

First Name: PARIS  
Middle Name:  
Last Name: CLINTON  
Suffix:

**DEATH INFORMATION**

Date of Death:  
Time of Death:  
Place of Death:

**PLEASE ENTER PIN** Cancel Certification

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin:

**Death Registration**

Are you sure you are ready to certify and submit the medical amendment(s) for this record?

Yes No

Step 14: Click "Yes" to complete the Medical Certification.

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The image shows a "Medical Certification" form with a "Medical Amendment" pop-up window. The form is titled "Medical Certification" and has a section for "DECEDENT'S INFORMATION". The fields are filled with "PARIS" for First Name, "CLINTON" for Last Name, and "CLINTON" for Middle Name. The "Date of Death", "Time of Death", and "Place of Death" fields are empty. The "Medical Amendment" pop-up window is titled "Medical Amendment" and contains the text "Record submitted Successfully" and an "OK" button. The form also has a "PLEASE ENTER PIN" section with a checkbox for "To the best of my knowledge, death occurred at the time, date, and place stated due to the cause(s) and manner stated." and a "Certifier Pin" field. There are "Forgot PIN", "Ok", and "Cancel" buttons at the bottom.

Medical Certification

DECEDENT'S INFORMATION

First Name: PARIS

Middle Name: CLINTON

Last Name: CLINTON

Suffix:

Date of Death:

Time of Death:

Place of Death:

Medical Amendment

Record submitted Successfully

OK

Cancel Certification

PLEASE ENTER PIN

☒ To the best of my knowledge, death occurred at the time, date, and place stated due to the cause(s) and manner stated.

Certifier Pin: .....

Forgot PIN

Ok Cancel

Step 15: Click "OK" to complete the submission process.

# Demographic Amendments



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- Use paper application VS-172 for changes needed on non-medical information on death record
- Review the application thoroughly
- Make sure all supporting documents are submitted, along with the proper forms of identification
- Processing times can be seen on our website (<https://www.dshs.state.tx.us/vs/processing/> )
- \*\*If a demographic amendment is in progress, a medical amendment cannot be done at the same time.\*\*
- If a status on the amendment is needed, please have the person who submitted the application call VS or submit status request via form.  
(<https://www.dshs.state.tx.us/vs/forms/mailorderstatus.aspx>)





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### Who Can Apply for a Correction?

- The funeral director named on the death certificate.
- The informant named on the death certificate.
- The surviving spouse or surviving parent named on the death certificate.
- Medical certifier, if a fetal death certificate.

WHEN SENDING IN THE APPLICATION, PLEASE INCLUDE A PHOTOCOPY OF VALID PHOTO ID FOR THE PERSON SIGNING SECTION 5.

### How Do I Make a Correction?

- Complete and sign this application. See pages 3 and 4.
- Submit the appropriate documentation. See page 2.
- Submit the appropriate fees. See fee schedule below.

### Where Do I Mail the Application?

#### Regular Mailing Instructions:

Please submit your application, supporting documents (if required) and fees to:

**DSHS – Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.**

#### Expedited Service Mailing Instructions:

The order must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS.**

Please submit your application, supporting documents (if required) and fees to:

**DSHS-Vital Statistics Section, MC 2096, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.**

### Fees: How much must I submit?

Fee Schedule		Fee (\$)	Qty (#)		Total (\$)
<b>Filing Fees:</b>					
<input checked="" type="radio"/>	Correction to Death Certificate	\$15.00		=	\$15.00
<b>All orders are returned free of charge by USPS regular mail. For urgent requests, orders may be <b>EXPEDITED</b> by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS AND selecting one of the overnight return shipping methods below.</b>					
<input type="checkbox"/>	Expedite Overnight Mail (for shipping within USA) \$8 for Overnight Mail + \$5 for Expedited processing	\$13.00		=	
<input type="checkbox"/>	USPS Express Mail (for shipping overnight to PO Box ONLY) \$22.95 for Overnight Mail + \$5 for Expedited processing	\$27.95		=	
<input type="checkbox"/>	Priority Mail (for shipping to Overseas Military Address ONLY) \$4.95 for Overnight Mail + \$5 for Expedited processing	\$9.95		=	
<b>Death Certificate(s):</b>					
<input type="checkbox"/>	Certified Corrected Death Certificate – 1 <sup>st</sup> Copy	\$20.00	X	1	=
<input type="checkbox"/>	Certified Corrected Death Certificate – Additional Copies	\$3.00	X		
<b>Grand Total</b>					





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## What type of correction are you requesting?

Box # 1: Document Checklist	
I want to...	You will need <u>one</u> of the supporting documents shown in Box # 2 below
<input type="checkbox"/> Correct decedent's name	No documentation required if applicant is the Informant or Funeral Director. If not, 1, 2, 4, 5, 6, 7, or 8
<input type="checkbox"/> Add <u>one</u> AKA to the registrant's name that is a similar name	No documentation required if applicant is the Informant or Funeral Director. If not, 9
<input type="checkbox"/> Correct place of death	7 or 8
<input type="checkbox"/> Correct date of birth and/or age of decedent	No documentation required if applicant is the Informant or Funeral Director. If not, 2, 5, or 9
<input type="checkbox"/> Correct decedent's sex	No documentation required if applicant is the Informant or Funeral Director. If not, 5 or 9
<input type="checkbox"/> Correct birth place of decedent	No documentation required if applicant is the Informant or Funeral Director. If not, 2, 4, 5 or 9
<input type="checkbox"/> Correct social security number of decedent	No documentation required if applicant is the Informant or Funeral Director. If not, 3
<input type="checkbox"/> Correct marital status of decedent (Informant must sign and submit application)	If applicant is not the Informant, then 9. If changing status to married, must add name of surviving spouse
<input type="checkbox"/> Correct surviving spouse's name (Informant or Funeral Director must sign and submit application)	No documentation required to correct misspellings, if applicant is the Informant or Funeral Director. If correction is more significant than the spelling, 9
<input type="checkbox"/> Correct Informant's information (Informant or Funeral Director must sign and submit application)	
<input type="checkbox"/> Correct decedent's parent's first, middle or last name	No documentation required if applicant is the Informant or Funeral Director. If not, 2, 5, or 9
<input type="checkbox"/> Correct decedent's residence street address (Informant or Funeral Director must sign and submit application)	No documentation required.
<input type="checkbox"/> Correct method or place of disposition (Funeral Director must sign and submit application)	
<input type="checkbox"/> Correct Name of Funeral Facility (Funeral Director must sign and submit application)	9
<input type="checkbox"/> Correct Medical Information (Date of death and information at or below "Certified" line-items 26-41)	10
<input type="checkbox"/> Correct Medical Information - Fetal death certificate (Medical certifier must sign and submit application)	No documentation required.

### Suggested Supporting Documents:

Documents must be original certified copies (no photocopies or notarized copies) on official letterhead or with an original certification or seal unless otherwise specified below. Foreign documents, including notaries, must have an apostille or legalization. **All supporting documents must match the requested correction(s) exactly and cannot be altered.**

Box # 2: Supporting Documents	
1	Funeral home contract or worksheet
2	Baptismal certificate - Must be within first 5 years of birth
3	Social security card of deceased - Photocopy accepted
4	Armed forces discharge papers (form DD 214) - Photocopy accepted
5	Birth certificate of deceased
6	Divorce record (limited use)
7	Medical records
8	Medical Examiner/Justice of the Peace, Police or EMS Reports
9	A certified copy of a court order affecting information shown on the death certificate.
10	Medical amendment filed by the medical certifier



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# Fetal Death Registration

## Important Notes about Fetal Death Registration

There are 3 ways a record can be registered

Funeral Home  
Starts Record

Medical  
Certification

Funeral  
Home  
Releases

Hospital Starts  
Record

Medical  
Certification

Funeral  
Home  
Releases

Hospital Starts  
Record

Medical  
Certification

Hospital  
Releases  
Record



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## Important Notes about Fetal Death Registration

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- To print/save a PDF of the work copy of the record, it needs to be previewed BEFORE verification and releasing the record
- The funeral home is ONLY responsible for the demographic tab
- The pink fetal death forms are still being accepted by the local registrar offices
- File electronically via TxEVER to quickly have the record filed for the family
- If medical certifiers do not have fetal death access, they need to email the TxEVER help-desk the following info:
  1. Full Legal Name
  2. Email address
  3. Name and address of place of delivery
  4. Medical License #



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# Unobtainable Information

Unresolved / Stakeholders	MOTHER'S MISCELLANEOUS INFORMATION	
Fetus	Education:	Education MVR:
Mother	UNKNOWN / NOT STATED	NOT OBTAINABLE
	MOTHER'S ETHNICITY	MOTHER'S RACE?
Mother Dem	<input type="checkbox"/> No, Not Spanish/Hispanic/Latino	<input type="checkbox"/> White
Father	<input type="checkbox"/> Yes, Mexican/Mexican-American/Chicano	<input type="checkbox"/> Black or African-American
Mother Medical-1	<input type="checkbox"/> Yes, Puerto Rican	<input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe)
Mother Medical-2	<input type="checkbox"/> Yes, Cuban	
Mother Medical-3	<input type="checkbox"/> Yes, Other Hispanic (Specify)	
Mother Medical-4		<input type="checkbox"/> Asian Indian
Fetus Medical-1	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Chinese
Fetus Medical-2	Mother's Ethnicity MVR: --Select a value--	<input type="checkbox"/> Filipino
Cause Of Death		<input type="checkbox"/> Japanese
Certification		<input type="checkbox"/> Korean
Demographic		<input type="checkbox"/> Vietnamese
Comments		<input type="checkbox"/> Other Asian (Specify)
		<input type="checkbox"/> Native Hawaiian
		<input type="checkbox"/> Guamanian or Chamorro
		<input type="checkbox"/> Samoan
		<input type="checkbox"/> Other Pacific Islander (Specify)
		<input type="checkbox"/> Other (Specify)
		<input checked="" type="checkbox"/> Unknown
		Mother's Race MVR: --Select a value--



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# Unobtainable Information

Unresolved / StakeHolders

Fetus

Mother

✓ Mother Dem

Father

Mother Medical-1

Mother Medical-2

Mother Medical-3

Mother Medical-4

Fetus Medical-1

Fetus Medical-2

FATHER'S LEGAL NAME

Title Preference  
FATHER

Middle Name:

Suffix:  
--Select a value--

First Name:

Last Name:

FATHER'S INFORMATION

Date of birth:  
\_/\_/\_\_\_\_

Birth place (State in US, or Country if not US):  
☐ --Select a value--

Age:

Previous Save Next



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# Unobtainable Information

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## Tips

- Families/Funeral Homes, call the doctor/place of delivery to ask If they are needing additional information for the record.
- FHs, before starting the record, verify if the doctor has fetal death access
- If the doctor calls the FH stating they can't finish the record because They don't have all the information have a back-up of information
- On many of the fields it is possible to use NOT AVAILABLE/NOT OBTAINABLE/?,etc.; Data is important though!
- **Most frequently skipped tabs by medical certifiers: Mother Dem, Father, Mother Medical 1-3**



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# Resources

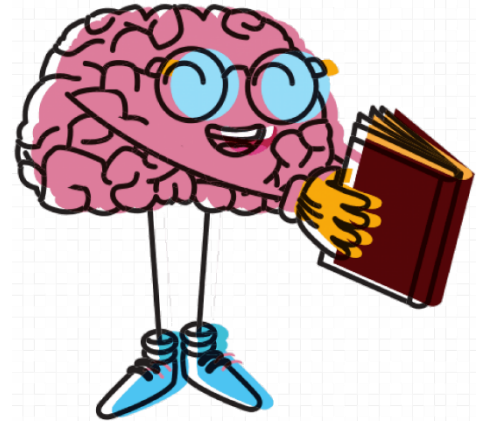
# Linking you to knowledge



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- Landing Page: <https://dshs.texas.gov/txever/>
- TxEVER Guides: <https://dshs.texas.gov/vs/field/TxEVER/guides.aspx>
- TxEVER Videos: <https://dshs.texas.gov/vs/field/TxEVER/eVideos.aspx>
- FAQs: <https://dshs.texas.gov/vs/field/TxEVER/FAQs.aspx>
- Texas Medical Board: <http://www.tmb.state.tx.us/>
- TX DSHS Death Registration Handbook:  
<https://dshs.texas.gov/vs/field/docs/Handbook-on-Death-Registration.pdf>
- CDC Funeral Director's Handbook: [https://www.cdc.gov/nchs/data/misc/hb\\_fun.pdf](https://www.cdc.gov/nchs/data/misc/hb_fun.pdf)
- DSHS VS Forms: <https://dshs.texas.gov/vs/forms.aspx>
- DSHS VS Forms for Partners(all of you!):  
<https://dshs.texas.gov/vs/forms.aspx#partners>
- Texas VS Statutes HSC for Death:  
<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.193.htm>
- Texas VS Statutes TAC for Death: <https://tinyurl.com/vstac2020>





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# Thank you!

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[zoe.wright@dshs.texas.gov](mailto:zoe.wright@dshs.texas.gov)